



**Vanessa C. Cantu, Ph.D., LPC**  
**4940 Broadway Street, Ste. 136**  
**San Antonio, TX 78209**

**CREDIT CARD AUTHORIZATION FORM**

I hereby authorize Dr. Vanessa C. Cantu to maintain a record of my credit card and my signature on file for payment of the following services: counseling, coaching, and consultation services, including non-cancelled or late-cancelled appointment fees, returned check fees (which will include the check amount plus an NSF fee), balances of charges not paid within 7 days of service, and the litigation policies that are set forth in the Informed Consent and Counseling Agreement. These charges include, but are not limited to, payment of retainer for court/deposition/legal proceeding preparation and appearance, consultation and telephone appointments, and report and letter writing. By my signature below, I agree not to dispute these charges.

My signature below authorizes Dr. Cantu to charge my credit card for all applicable charges on an on-going basis. I understand that if I decide to terminate services with Dr. Cantu and my account is paid in full upon termination, I may withdraw the authorization to charge my credit card in the future.

In the event your credit card expires, or is lost or stolen, or if you desire to use another credit card, please notify us and we will have you complete a new Credit Card Authorization Form, and will delete your old information. We accept MasterCard, Visa, Discover and American Express.

**PLEASE PRINT LEGIBLY:**

Client Name: \_\_\_\_\_

Cardholder's Name (as it appears on the credit card): \_\_\_\_\_

Credit Card Billing Address (the address where the credit card statement is received)

Street \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card Type    Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_ CVV \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_